

**BEFORE THE BOARD OF TRUSTEES OF THE  
INDIANA STATE TEACHERS' RETIREMENT FUND**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS:

**PROOF OF BIRTH AFFIDAVIT**

I hereby certify that I was born (date)\_\_\_\_\_,19\_\_ at (city, county, state)  
\_\_\_\_\_. I further certify that my birth name is  
\_\_\_\_\_.

I further certify and affirm that I understand that the Indiana State Teachers' Retirement Fund will use the birth date given on my retirement application to determine my benefit entitlement.

I also hereby acknowledge that I understand the terms of this affidavit and any ambiguities herein are to be resolved in favor of the Indiana State Teachers' Retirement Fund. I hereby acknowledge that I have had ample time and opportunity to secure legal counsel for the purpose of explaining any of these declarations contained within. I affirm, under the penalties for perjury, that the foregoing representation(s) is (are) true.

Signed \_\_\_\_\_ TRF# \_\_\_\_\_  
Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

**Note: this form must be submitted with a valid photo ID such as a drivers license, passport, or other photo ID with the person's date of birth.**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS:

Before me the undersigned, A Notary Public for \_\_\_\_\_ County,  
Officer's county of residence

State of \_\_\_\_\_, personally appeared \_\_\_\_\_  
Name of person

And they, being first duly sworn by me upon their oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

(Signature) \_\_\_\_\_

Printed or typed name of officer \_\_\_\_\_

My commission expires \_\_\_\_\_

(SEAL)

